PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number 10/553595

		CLAIMS	AS FILED -	PART								
	····	·	(Colum	•	(Column 2)		_	SMALL ENT		OR	OTHER SMALL	THAN ENTITY
U.S. NATIONAL STAGE FEES								RATE	FEE		RATE	FEE
BASIC FEE			SMALL ENT	٠.		GE ENT. = \$ 300		BASIC FEE		OR	BASIC FEE	26.0
EXAMINATION FEE			Satisfies PCT A (4) = \$.50			ther situations = 100 / \$ 200	1	EXAM. FEE	ļ	1 .	EXAM. FEE	300
SEARCH FEE			U.S. Is ISA = \$ ALL other co \$ 200 / \$	untries =		ther situations = 5 250 / \$ 500		SEARCH FEE			SEARCH FEE	200
FEE FOR EXTRA SPEC. PGS.			minus 100 =			/ 50 =	1	X.\$ 125 =	······································	1 .	X \$ 250 =	-700
TOTAL CHARGEABLE CLAIMS			45 mi	nus 20 =	*	25		X \$ 25 =		OR	X \$ 50 =	1250
INDI	EPENDENT CL	AIMS	3 m	ninus 3 =		0		X \$ 100 =		OR	X \$ 200 =	1820
MUL	TIPLE DEPEN	DENT CLAIM PR	ESENT			_ 🔲		+ \$ 180 =		OR	+ \$ 360 =	-3/2 1
* If	the difference	in column 1 is	less than zero	, enter "C	in co	lumn 2	1 1	TOTAL		OR	TOTAL	360 2510
	<u> </u>	(Column 1)	AMENDED	AMENDED - PART II (Column 2) (Colum				SMALL ENTITY			OTHER SMALL E	NTITY
AT A		REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO	BER DUSLY	R PRESENT SLY EXTRA	,	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
AME	Independent	*	Minus	***		=		X \$ 100 =	<u> </u>	OR	X \$ 200 =	
	FIRST PRES	ENTATION OF M	ULTIPLE DEPENDENT CLAIM					+\$ 180 =		OR	+ \$ 360 =	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT.	÷
	• .						,				ree	
X		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colum HIGHE NUME PREVIO PAID F	EST BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
	Independent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =	· , · · · · · · · · ·	OR	+ \$ 360 =	· · · · · · · · · · · · · · · · · · ·
							L	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
•	if the entry in colu	umn 1 is less than the	e entry in column 2	2, write "0" i:	1 columr	ı 3.						

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-875 (Rev. 02/2005)